

**Health Alert:****Health Alert  
April 12, 2018****Possible Measles  
Exposures in the  
Kansas City Area****FROM: RANDALL W. WILLIAMS, MD, FACOG  
DIRECTOR****SUBJECT: Possible Measles Exposures in the Kansas City Area**

On April 6, 2018, the Missouri Department of Health and Senior Services (DHSS) received a report of a possible case of measles in Kansas City, Missouri.

Confirmatory testing was completed and reported as **positive** on April 11, 2018.

The case's travel itinerary during the infectious period was reported as follows:

Date	Location Name	Exposure Timeframe	Location Address
March 30, 2018	Barnes & Noble	8:00 AM-10:30 AM	Oak Park Mall 11323 W 95 <sup>th</sup> St Overland Park, KS
March 30, 2018	Subway	11:30 AM-2:30 PM	312 E 51 <sup>st</sup> St Kansas City, MO
March 30, 2018	Cosentino's Price Chopper	12:30 PM-5:00 PM	6327 Brookside Plaza Kansas City, MO
March 31, 2018	Laundroplex	5:00 PM-10:00 PM	575 NW 68 <sup>th</sup> St Kansas City, MO
March 31, 2018	Quick Trip	7:00 PM-9:30 PM	601 NW 68 <sup>th</sup> St Kansas City, MO
April 1, 2018	Pleasant Valley Baptist Church (church and lobby)	10:30 PM-2:30 PM	1600 MO-291 Liberty, MO

Note: Locations where individuals may have been exposed to measles, but can be identified, are not listed. Those individuals will be notified separately.

On April 6, 2018, a public health investigation was initiated by Kansas City, Missouri Health Department and DHSS to identify and contact persons known to be potentially exposed to measles. However, potential transmission of the measles virus to unknown susceptible persons who had contact with the case may have occurred.

Measles is a highly contagious, acute viral illness that is transmitted by contact with an infected person through coughing and sneezing. Patients are considered to be contagious from 4 days before until 4 days after the rash appears. **Immune Globulin (IG)** can be administered to exposed individuals within 6 days of exposure to prevent or reduce the symptoms of measles infection for those without evidence of immunity. Health care providers that may see patients concerned about an exposure should consider having IG on hand in the event it is needed, both for this contact investigation event and in the future.

Health care providers should maintain a high index of suspicion for measles among febrile patients with a rash. Patients with clinical signs/symptoms compatible with measles (febrile rash plus cough, coryza, and/or conjunctivitis) should be asked about

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>.

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Health Alerts** convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

**Health Advisories** provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

**Health Guidances** contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

**Health Updates** provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

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infection. Healthcare providers should obtain both a serum sample and a throat swab (or nasopharyngeal swab) from patients suspected to have measles at first contact with them.

The Missouri State Public Health Laboratory (MSPHL) provides laboratory support for the diagnosis of measles infections occurring in Missouri. MSPHL will only test specimens that are approved by state public health officials. A specimen for molecular detection by RT-PCR should be collected and submitted to MSPHL along with the initial serum specimen, and include NP swab, throat swab, or urine (see the CDC instructions below). Please note that a RT-PCR specimen should NOT be substituted for a serum specimen. Serum specimens submitted to MSPHL will be tested for measles IgM and rubella IgM as requested by the investigating epidemiologist. The RT-PCR specimen will be referred to a Vaccine Preventable Disease (VPD) Reference Laboratory. VPD laboratories are established in cooperation with public health laboratories and the Centers for Disease Control and Prevention [CDC] to provide reference testing and surge capacity.

The sensitivity of measles IgM assays varies, and may be diminished during the first 72 hours after rash onset. If the result is negative for measles IgM and the patient has a generalized rash lasting more than 72 hours, a second serum specimen should be obtained and the measles IgM test should be repeated (AAP. *Red Book*, 2015; p. 537).

For questions regarding storage and shipping of all samples, please contact the MSPHL Virology Unit at 573-751-3334.

Measles serology instructions:

<http://health.mo.gov/lab/measlesrubella.php>

CDC measles RT-PCR instructions (do NOT ship specimens directly to CDC):

<https://www.cdc.gov/measles/lab-tools/rt-pcr.html>

For further guidance, please refer to:

<https://www.cdc.gov/measles/hcp/index.html>

[https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm?s\\_cid=rr6204a1\\_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm?s_cid=rr6204a1_w)

Questions should be directed to DHSS' Bureau of Communicable Disease Control and Prevention at 573/751-6113 or 800/392-0272 (24/7).